

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	9		/			
11	9		/			
12	9		/			
13	9		/			
14	9		/			
15	9		/			
16	9		/			
17	9		/			
18	9		/			
19	9		/			
20	9		/			
21	(1)					
22	(1)		/			
23	(1)		/			
24	(1)		/			
25	(1)		/			
26	(1)		/			
27	(1)		/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44						
45						

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			

50			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

50			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			